MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04012

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles

City or town: Rural Indian Head
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural Indian Head
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Route 225 (Glymont)
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Earl Richard Cargill

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Etta E Cargill

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Nov. 7. 1902

8. AGE: Years: 47 Months: 4 Days: 26 If less than one day: hrs. min.

9. Birthplace: Albany N.Y.
(Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: U.S. Naval Powder Factory

FATHER
12. Name: Joseph Cargill
13. Birthplace: Not Known

MOTHER
14. Maiden name: Mary Cargill (Maiden name not known)
15. Birthplace: Not known

16. Informant: Mrs. Etta E. Cargill

Address: Indian Head, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4/6/50 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Washington, D.C.

18. Funeral director: Hunt & Ryan.

Address: Waldorf, Md.

19. 4-5 1950 (Date rec'd by registrar) M R Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3 1950, at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 1950, to April 3 1950 and that I last saw him alive on April 3 1950

Immediate cause of death	DURATION
Myocardial Infarction	1 day
Due to Chronic Myocarditis	30 yrs
Due to	
Other conditions Catarrhal Fever	2 days

(Include pregnancy within 3 months of death)

Major findings of operations: 420.1 93d Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frank G. Simonhart M. D. or other

Address: Indian Head, Md. Date signed 4/3/50.

15677

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 18 1950
BUREAU V. S.

Evidence for Change of item #9 shown on FILM No. G 126 MAY 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04013

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY C Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Chas; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florena (Middle) (Last) Cook

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 11-4-1885

9. AGE last birthday: 64 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Ivy

11. BIRTHPLACE (State or foreign country): St Marys Co

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Wilson Higgs

14. MOTHER'S MAIDEN NAME: Alice Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Myrtle Ryan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4-24-50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes, Gen. Art. Sel. — 1946

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to 4-24, 1950, that I last saw the deceased alive on 4-26, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E J Edelen M.D — La Plata Md — 4-29-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 5-1-50 — NAME OF CEMETERY OR CREMATORY: St Joseph — LOCATION (City, town, or county) (State): Bowie Md

DATE REC'D BY LOCAL REG. 4-29-50 — REGISTRAR'S SIGNATURE: M.E. Moore

24. FUNERAL DIRECTOR: Smith & Ryon — ADDRESS

RECEIVED
MAY 10 1960
BUREAU V. F

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04014

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 years
Hospital, institution, or street address where death occurred: 6 Earle Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Indian Head, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6 Earle Road
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: George Thomas Green

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 25 1870

8. AGE: Years: 79 Months: 9 Days: 11 If less than one day: hrs. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Stove Moulder.

11. Industry or business:

FATHER
12. Name: John T. Green
13. Birthplace: Florida

MOTHER
14. Maiden name: Saranda Harris
15. Birthplace: Woodberry Md

16. Informant: Dora Mae Schlupter
Address: Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 8 1950 (month) (day) (year)
Cemetery or crematory: Western Cemetery
Location: Baltimore, Md

18. Funeral director: Fiskner
Address: Baltimore, Md

19. 4/6 1950 (Date rec'd by registrar) Ody Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6 1950 at 3a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1949 to Apr 1950 and that I last saw him alive on Feb. 1950

Immediate cause of death	DURATION
Cardiac Apoplexy	
Due to	
Due to	
Other conditions	

334X (Include pregnancy within 3 months of death)

Major findings of operations:
83a Date of op.:

Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George E. Bickwell M.D. M. D. or other
Address: Mattawoman Md Date signed: Apr 6 50

17236

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04015

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dentsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dentsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Matilda (Middle) (Last) Hancock
4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 11/23/72
9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housework Self
11. BIRTHPLACE (State or foreign country) Chas. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Asa Cooksey
14. MOTHER'S MAIDEN NAME Sarah Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Thomas B. Cooksey Dentsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	4-3-50
443x Antecedent cause(s)			
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Heart	
	(c)	Disease	1-1-46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1946 to 4-10, 1950 that I last saw the deceased alive on 4-3, 1950, and that death occurred at 3 30 p m., from the causes and on the date stated above.

SIGNATURE C. Edelen (Degree or title) R.J. ADDRESS La Plata Md DATE SIGNED 4-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/12/50
NAME OF CEMETERY, OR CREMATORY Dentsville M.E.
LOCATION (City, town, or county) (State) Dentsville, Md.

DATE REC'D BY LOCAL REG. 4-11-50
REGISTRAR'S SIGNATURE W. R. Moore
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf Md. ADDRESS

4-13-50 Julia H. Posey

RECEIVED
APR 17 1950
BUREAU V. S.

04016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Orleans Jackson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 17, 1950

8. AGE: Years | Months | Days | If less than one day: 3 hrs. ... min.

9. Birthplace: Rison, Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Willie Ennis
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Pearline Jackson
15. Birthplace: Charles Co. Md.

16. Informant: Isaac Jackson

Address: Rison, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 18 1950 (month) (day) (year)

Cemetery or crematory: Methodist

Location: Chicamuxen, Md.

18. Funeral director: Isaac Jackson

Address: Rison, Md

19. April 18 1950 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1950 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death: Unknown

Due to: Not full term baby 6 months

Due to: No physician

Other conditions

776 x 159 (Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Mary Southerland Local Register M. D. or other

Address: Marbury, Md. Date signed: April 17/1950

404-17-0-17-1-24-0

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 25 1950
BUREAU V. S.

04017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100 105

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND — BRYANTOWN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN — LENGTH OF STAY (in this place) 9 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN.
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) ELLEN (Last) MASON

4. DATE OF DEATH (Month) APRIL (Day) 22 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH About 1874 UNKNOWN

9. AGE last birthday ? 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) ST MARY'S COUNTY, MARYLAND.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME NATE GUNN

14. MOTHER'S MAIDEN NAME UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT MARY FRANCES BROOKS (DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIO-SCLEROTIC HEART DISEASE	1 YEAR
Antecedent cause(s) 420.0	(b) GENERALIZED ARTERIO-SCLEROSIS	6 YEARS.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JULY, 1947, to APRIL 22, 1950, that I last saw the deceased alive on APRIL 22, 1950, and that death occurred at 9 20 P.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, (Degree or title) M.D. ADDRESS HUGHESVILLE, CHARLES CO. DATE SIGNED 4/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4-25-50 NAME OF CEMETERY OR CREMATORY St Mary LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 4-24-50 REGISTRAR'S SIGNATURE M. L. Monroe 24. FUNERAL DIRECTOR [illegible] ADDRESS

4-26-50 Julia H. Posey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1950
BUREAU V. S.

RECEIVED
27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04018

CERTIFICATE OF DEATH

Reg. Diat. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Marbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Marbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Nettie to Posey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Clayton Posey

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Nov. 13 1867

8. AGE:

Years	Months	Days	If less than one day
82	5	12	... hrs. ... min.

9. Birthplace: Prison, Charles Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Walter D. Southerland

13. Birthplace

MOTHER — 14. Maiden name: Harriett Franklin

15. Birthplace

16. Informant: Clayton Posey.

Address: Marbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 19 1950 (month) (day) (year)

Cemetery or crematory: Methodist.

Location: Chicamuxen Md.

18. Funeral director: Hunter & Ryon.

Address: Waldorf Md.

19. April 19 1950 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 17 1950 at 7 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to Apr. 1950

and that I last saw her alive on April 15 1950

Immediate cause of death	DURATION
a. Cardiac Collapse	
Due to: Age - La grippe	
Due to:	
Other conditions	

481x

33b

(Include pregnancy within 3 months of death)

Major findings of operation: ... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: George C. Bicknell M.D. M. D. or other

Address: Marbury Md Date signed: Apr 19, 1950

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 25 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04019

Reg. Dist. No. 105

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Rural Waldorf Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Charles

City or town: Rural Waldorf Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Cecelia Ann Proctor

3. (b) Social Security Number

4. Sex: F

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: James Reed Proctor

6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.): June 20 — 1891

8. AGE: Years 59 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Bryantown Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER

12. Name: Walter J. Proctor

13. Birthplace: Bryantown Md

MOTHER

14. Maiden name: Cecelia Ann Swan

15. Birthplace: Bryantown Md

16. Informant: James Reed Proctor

Address: Waldorf Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4-24-50 (month) (day) (year)

Cemetery or crematory: St Marys

Location: Piscataway Md

18. Funeral director: Hunt & Ryan

Address: Waldorf Md

19. 4-21 1950 (Date rec'd by registrar) M.L. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1950, at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1950, to April 21 1950 and that I last saw h[illegible] alive on April 21 1950

Immediate cause of death: Cardiac Failure

Uremia

Due to: Bronchi Pneumonia

Due to

Other conditions: Cirrhosis of Liver, Chronic Nephritis

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: 491 X, 124 b

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Edwin L. Lane M.D. (M. D. or other)

Address: Waldorf Md Date signed: 4/21/50

RECEIVED
APR 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04020

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Welcome — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Point Neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Welcome
STREET ADDRESS (If rural, give location) Cedar Point Neck

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Wells

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aprox. 1949

9. AGE last birthday: one yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Ivey Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Anna Wells (aunt)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

351 X **Immediate cause** (a) Cerebral birth injury — 1½ yrs

195 2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ~~OR CONTRIBUTING~~ ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James L. MacKavanagh, M.D., Deputy Medical Examiner — ADDRESS La Plata Md. — DATE SIGNED 4-25-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-28-50 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem. — LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 4-27-50 — REGISTRAR'S SIGNATURE L. L. Howard — 5-9-50 Julia H. Posey

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Hadley Md

RECEIVED
MAY 11 1950
BUREAU V. S.

04021

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joan (Middle) Mashael (Last) Woodland

4. DATE OF DEATH (Month) 4/28/ (Day) (Year) 1950

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6/2/49
9. AGE last birthday yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas A. Woodland
14. MOTHER'S MAIDEN NAME Bertha E. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Thomas A. Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute purulent bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day

491X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pericardial effusion

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Wington Park, Md. 4/29/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 5/1/50
NAME OF CEMETERY OR CREMATORY St. JOSEPH CEM
LOCATION (City, town, or county) (State) MORGANZA MD.

DATE REC'D BY LOCAL REG. 5/1/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 2 1950
BUREAU V. S.